

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

005
AUG 15 1936

25560

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township Washington Primary Registration District No. 1001
City St Joseph (No. State Hosp #2)

File No.
Registered No. 918 St. Ward)

2. FULL NAME

Harry Karse
(a) Residence, No. Jackson County St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. 5 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown and Deceased
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3 1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 4 7
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unk.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Records State Hosp #2 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Asylum DATE July 14 1936

19. UNDERTAKER Alvin F. Home (ADDRESS) St Joseph

20. FILED July 14 1936 W. H. Neithorn Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1936
22. I HEREBY CERTIFY, That I attended deceased from Nov 19 1935 to July 10 1936
I last saw h. i. m. alive on July 10 1936 Death is said to have occurred on the date stated above, at 10:55 pm.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset Indef.
23
Other contributory causes of importance: Epilepsy 1928

Name of operation None Date of
What test confirmed diagnosis? Aut. Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) C. E. DeLong M. D.
(Address) State Hosp #2

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